

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="radio"/> MR	FIRST MI Jaffrey Herman	OFFICE USE ONLY Date Received BOB 10/2/2020 Date Hand-Delivered or Date Postmarked BOB 10/2/2020 Receipt # _____ Amount \$ _____ Date Processed BOB 10/2/2020 Date Mailed BOB 10/2/2020
	NICKNAME LAST SUFFIX Jeff Branley		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 1816 Pleasant St Huntsville TX 77320		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 410-5951		
6 CAMPAIGN TREASURER NAME	MS / MRS / <input checked="" type="radio"/> MR	FIRST MI Jaffrey Herman	
	NICKNAME LAST SUFFIX Jeff Branley		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE 1816 Pleasant St Huntsville, TX 77320		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 410-5951		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 08 / 08 / 2020 THROUGH 10 / 1 / 2020		
11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 2020	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council Pos 2 AT Large

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Jaffrey (Jeff) H. Bradley 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1050.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6225.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 76.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3881.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3324.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Jeff H. Bradley
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jeff Bradley, this the 2nd day of October, 2022, to certify which, witness my hand and seal of office.

Brenda Poe
Signature of officer administering oath

Brenda Poe
Printed name of officer administering oath

City Secretary
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7275.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 100.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3805.14
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jeff H. Brantley

3 Filer ID (Ethics Commission Filers)

4 Date

10/1/2020

5 Full name of contributor

out-of-state PAC (ID#: _____)

Dr & Mrs Eugene Barrett

7 Amount of contribution (\$)

500⁰⁰

6 Contributor address;

City; State; Zip Code

239 Hwy 75N Huntsville TN 37320

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/1/2020

Full name of contributor

out-of-state PAC (ID#: _____)

H. Smith

Amount of contribution (\$)

100⁰⁰

Contributor address;

City; State; Zip Code

4 Elkins Lake Huntsville TN 37340

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1/2020

Full name of contributor

out-of-state PAC (ID#: _____)

K.C. Davis

Amount of contribution (\$)

100⁰⁰

Contributor address;

City; State; Zip Code

96 Robinson Rd Huntsville TN 37320

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jeff. H. Branley

3 Filer ID (Ethics Commission Filers)

4 Date

9/26

5 Full name of contributor

JOAN JOLLY

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100⁰⁰

6 Contributor address;

City: State: Zip Code

3016 Simmons Huntsville Tx 77320

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/24

Full name of contributor

Mr Phil RISS

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100⁰⁰

Contributor address;

City: State: Zip Code

649 Pinedale Huntsville Tx 77340

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/29/2020

Full name of contributor

VANCE HOWARD

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500⁰⁰

Contributor address;

City: State: Zip Code

1150 JENNIFER OAKS ALPHARETTA GA 30004

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/20/2020

Full name of contributor

LYNN SWANN

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200⁰⁰

Contributor address;

City: State: Zip Code

539 ELKINS HAKE Huntville Tx 77340

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jett H. Branker

3 Filer ID (Ethics Commission Filers)

4 Date

9/14/2020

5 Full name of contributor

~~Dr. Alvin Jones~~
Dr. Alvin Jones

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100⁰⁰

6 Contributor address:

City: State: Zip Code

959 ELKINS LAKE Huntsville TN 77340

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/16/2020

Full name of contributor

Robert McCANN

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100⁰⁰

Contributor address:

City: State: Zip Code

205 MAGNOLIA Huntsville Tx 77320

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/26/2020

Full name of contributor

Mr/M Bernie Rush

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250⁰⁰

Contributor address:

City: State: Zip Code

136 PAUL DIXON RD Huntsville Tx 77320

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/26/2020

Full name of contributor

Mr/M J. D DAVIS

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100⁰⁰

Contributor address:

City: State: Zip Code

P.O. Box 9470 Huntsville Tx 77340

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jeff A. Branley

3 Filer ID (Ethics Commission Filers)

4 Date

9/5/2020

5 Full name of contributor

Christie Norman

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250⁰⁰

6 Contributor address:

City: State: Zip Code

199 Tanswood Dr. Huntsville TX 77320

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/5/2020

Full name of contributor

M/M Robert Bruner

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100⁰⁰

Contributor address:

City: State: Zip Code

166 Westridge Huntsville TX 77340

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/5/2020

Full name of contributor

M/M Robert

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100⁰⁰

Contributor address:

City: State: Zip Code

1804 Pleasant St Huntsville TX 77320

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/5/2020

Full name of contributor

M/MRS E.S. Bailes

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200⁰⁰

Contributor address:

City: State: Zip Code

1010 Bailes Dairy Shepherd TX 77371

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jed H. Branley

3 Filer ID (Ethics Commission Filers)

4 Date

8/1/2020

5 Full name of contributor

M/M Chris Rehmann

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

200⁰⁰

6 Contributor address:

City: State: Zip Code

150 Golden Eagle Hamonton NJ 08037

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/1/2020

Full name of contributor

Mickey Hiles

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

300⁰⁰

Contributor address:

City: State: Zip Code

P.O Box 446 Huntsville Tx 77342

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/1/2020

Full name of contributor

Mr R Q Swann

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250⁰⁰

Contributor address:

City: State: Zip Code

2991 Hwy 75N Huntsville Tx 77320

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/1/2020

Full name of contributor

Mr Joe Emmett

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100⁰⁰

Contributor address:

City: State: Zip Code

1304 Ave O Huntsville Tx 77340

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jeff A. Branley

3 Filer ID (Ethics Commission Filers)

4 Date

8/29/2020

5 Full name of contributor

out-of-state PAC (ID#: _____)

M/M Gerald Etheridge

7 Amount of contribution (\$)

50⁰⁰

6 Contributor address;

City; State; Zip Code

3648 SAGE

Huntsville TX 77340

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/28

Full name of contributor

out-of-state PAC (ID#: _____)

M/M Ken Tarpey

Amount of contribution (\$)

250⁰⁰

Contributor address;

City; State; Zip Code

P.O. Box 8420

Huntsville TX 77340

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/28

Full name of contributor

out-of-state PAC (ID#: _____)

SARA KELLY

Amount of contribution (\$)

100⁰⁰

Contributor address;

City; State; Zip Code

1145 ELLIENS LAKE

Huntsville TX 77340

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/28

Full name of contributor

out-of-state PAC (ID#: _____)

M/M Jimmy Henry

Amount of contribution (\$)

100⁰⁰

Contributor address;

City; State; Zip Code

88 BAKER LN

Huntsville TX 77340

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jeff A. Branley

3 Filer ID (Ethics Commission Filers)

4 Date

8/15/2020

5 Full name of contributor
Maria Stivers

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

125⁰⁰

6 Contributor address; City; State; Zip Code

187 Westridge Huntville TX 77340

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/26/2020

Full name of contributor

M/M Wilson W; NN

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250⁰⁰

Contributor address; City; State; Zip Code

64 Heritage Oak Huntville TX 77320

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/26/2020

Full name of contributor

M/M Lloyd Wells

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

300⁰⁰

Contributor address; City; State; Zip Code

52 Nixon Rd Huntville TX 77340

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/28/2020

Full name of contributor

M/M Gerald Skidmore

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100⁰⁰

Contributor address; City; State; Zip Code

479 Elkins Lake Huntville TX 77340

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jeff H. Branley

3 Filer ID (Ethics Commission Filers)

4 Date

8/13/2020

5 Full name of contributor

M/M Joe Sandel

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

200^w

6 Contributor address:

No Elk:ns Lake

City: State: Zip Code

Huntsville Tx 77340

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/14/2020

Full name of contributor

M/M Clay Webb

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100^w

Contributor address:

200 Dogwood Ln

City: State: Zip Code

Huntsville, Tx 77320

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/15/2020

Full name of contributor

Geraldine Dickerson

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100^w

Contributor address:

196 FM 1696 W

City: State: Zip Code

Huntsville Tx 77320

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/15/2020

Full name of contributor

M/M David Bernard

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100^w

Contributor address:

3403 Del Robles

City: State: Zip Code

Austin Tx 78727

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jeff H. Bradley

3 Filer ID (Ethics Commission Filers)

4 Date

8/6/2020

5 Full name of contributor

M/M Tom Freeman

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100⁰⁰

6 Contributor address;

City; State; Zip Code

4719 Hwy 30

Huntsville Tx 77340

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/8/2020

Full name of contributor

Vita A. Sharpe

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100⁰⁰

Contributor address;

City; State; Zip Code

4001 Del Robles

Austin Tx 78727

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/9/2020

Full name of contributor

M/M Fobby Wells

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100⁰⁰

Contributor address;

City; State; Zip Code

3 Briar Meadow

Huntsville Tx 77320

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/10/2020

Full name of contributor

M/M Alvin Martin

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500⁰⁰

Contributor address;

City; State; Zip Code

P.O. Box 7200

Huntsville Tx 77342

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Jeff H. Bradley</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>100⁰⁰</i>	
5 Date <i>8/24/2020</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>T.J. Burdett</i>	8 Amount of Contribution \$ <i>100⁰⁰</i>	9 In-kind contribution description <i>Art Work</i>
7 Contributor address; City; State; Zip Code <i>1825 Pleasant St Huntsville Tx 77320</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Jeff H. Brantley	3 Filer ID (Ethics Commission Filers)
-------------------------------------	---	---------------------------------------

4 Date 9/15/2020	5 Payee name Eagle Graphics
----------------------------	---------------------------------------

6 Amount (\$) 538⁰⁰	7 Payee address; City; State; Zip Code 1304 Sam Houston Av. Huntsville Tx 77340
--	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 9/11/2020	Payee name Texas GOP Store
--------------------------	--------------------------------------

Amount (\$) 1888⁵⁰	Payee address; City; State; Zip Code 404 I45 Huntsville Tx 77488
---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 9/30/2020	Payee name Dillon Loosier
--------------------------	-------------------------------------

Amount (\$) 821⁰⁰	Payee address; City; State; Zip Code 226 Loma Rd Bed. AS Tx 77831
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Jett H. Branley	3 Filer ID (Ethics Commission Filers)
4 Date 9/24/2020	5 Payee name HEB	
6 Amount (\$) 286.12	7 Payee address; City; State; Zip Code 2304 Sam Houston Ave Huntsville TX 77340	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Jett H. Branley Office sought: City of Huntsville Office held:	
Date 10/1/2020	Payee name Houston Invitation Service	
Amount (\$) 247⁵²	Payee address; City; State; Zip Code 902 Willard St Houston TX 77006	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Jett H. Branley Office sought: City of Huntsville Office held:	
Date 10/30/2020	Payee name First National Bank	
Amount (\$) 24⁰⁰	Payee address; City; State; Zip Code 1300 11th Street Huntsville TX 77340	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) BANKING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Jett H. Branley Office sought: City of Huntsville Office held:	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED